



# Cancer Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male /  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Yes /  No

Face Amount: \$ \_\_\_\_\_ Type of Insurance:  UL  WL  SUL  Term (# of years \_\_\_\_\_)

1. When was the proposed insured first diagnosed with cancer? \_\_\_\_\_

2. Where was the cancer found? \_\_\_\_\_  
If the proposed insured was diagnosed with breast cancer, thyroid cancer, testicular cancer or prostate cancer, complete the specific questionnaire.

3. What was the grade, stage and size of the cancer? \_\_\_\_\_  
\_\_\_\_\_

4. Did the cancer spread to lymph nodes or other organs?  Yes  No  
If yes, provide details and location(s): \_\_\_\_\_  
\_\_\_\_\_

5. What treatments did the proposed insured receive?  
 Surgery Date and details: \_\_\_\_\_  
 Chemotherapy How long did it last: \_\_\_\_\_  
 Radiation How long did it last: \_\_\_\_\_

6. Is the proposed insured current taking any medication(s)?  Yes  No  
If yes, provide name, dosage and frequency of medication(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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